## **Meeting Minutes**

Meeting Name: Models Development Workgroup

Date and Time: Wed. September 14, 2005, 1-4pm

Location: AARP Michigan, 309 N. Washington Square, Suite 110, Lansing, MI

Present: Lonnie Barnett, MDCH; Gary Benjamin, Michigan Legal Services/MI UHCAN; Michael Brecht, Spectrum Health; Tameshia Bridges, PHI; Gary Burmeister; Consultants for Quality Healthcare; Jackie Doig, Center for Civil Justice; Paul Duguay, Michigan Association of Health Plans; Jeff Fortenbacher, Access Health; Jaeson Fournier, Ingham County Health Dept.; Princella Graham, St. John Health; Sherryn Hays, MDCH; Kim Hodge, PHI; Deborah Hollis, MDCH; Andy Kruse, Genesys Health System; Irma Lopez, MDCH; Sheryl Lowe, BCBSM; Lisa McCafferty, Ionia County Health Department; Ionia County Health Dept.; Margaret Meyers, Mercy Primary Care; Ken Miller, MDCH; Joan Moiles, OFIS; Cherie Mollison, MI Office of Svcs. to the Aging; Denise Morrow, MDCH LTC Services; Michelle Munson-McCrory, Complete Compassionate Care; Rick Nowakowski, Wayne County Four-Star; Gary Petroni, SEMHA/CPH; Lisa Rajt, BCBSM; Tyffany Shadd-Coleman, BCBSM; Chris Shea, Cherry Street Health Services; Marti Kay Sherry, MPHI; Ellen Speckman-Randall, MDCH; Gina Tremonti, MDCH; Hollis Turnham, PHI.

On Conference Call: N/A

#### **Action Items**

Item	Responsible	Deadline
Send EMET forms completed by small groups to Ken Miller at millerk3@michigan.gov	Designated note-taker	ASAP
Send data requests for expansion models development discussion to Ken Miller at millerk3@michigan.gov. Please make sure that data requests are sent as a separate email, not as an addition to another item, and that "MDWG Data Request" appears in the subject line.	Designated note-taker	ASAP

#### Minutes

Topic	Discussion	Conclusions
Welcome and Introductions	- Today we'll determine whether any models are missing or need to be eliminated, and analyze at least one model using the EMET document	
Workgroup Updates -Employer Survey	Data Synthesis Group →  Employer Survey response rate needs improvement →	<ul> <li>They are reviewing data resources and compiling them into a database roster to be used by all workgroups.</li> <li>They will assist workgroups with their data requests.</li> <li>Current need: Input on increasing the employer</li> </ul>
	needs improvement →	survey response rate. To date, 9,000 surveys have been sent out and only 594 have been returned (6.6% response). MPHI has followed up with all non-respondents by phone. Of those employers responding, 50% want to participate in focus groups.  The final 3,000 surveys will go out by 9/16/05. Over 1200 refusals have been received thus far.  MDWG members suggested using trade associations, Kiwanis/Rotary/Lions Clubs, person-to-person dissemination by county, and targeted emails to increase response rate. MDWG members willing to work on improving the response rate are urged to contact Marti Kay Sherry, MPHI, at 517 324-7316, or msherry@mphi.org.
	Community Interface Group →	<ul> <li>Four speakers will come from Washington on 9/19/05 to present information on what other states are doing to extend health insurance coverage.</li> <li>Town hall meetings will be underway shortly.</li> </ul>

Development of MD
Workgroup Over-Arching
Goals, featuring Bill Hart
from MDCH

- What does
  "comprehensive" mean in
  the context of our work?
  What does "efficient"
  mean?
- A document on the current health care landscape is being developed.
- Bill Hart clarified the Project's decision-making process. MDWG recommendations will be submitted to the Advisory Council, which will then advise MDCH Director Janet Olszewski. The Director will then advise Governor Granholm.
- In examining what a "win"
   would mean (see "What
   Might a Win Look Like?"
   document), we need to think
   about short-term (1 yr.), mid term (3 years) and long-term
   (5 year+) goals
- A short-term "win" means providing recommendations that will result in coverage for an additional 300,000-500,000 lives, while a long-term win means health insurance coverage for all Michigan citizens,
- Other aspects of a "win" include: increased public awareness, maintaining coverage for kids (we're in the top 5 in the country!), increasing health care in the private sector, sharing in catastrophic risk, examining escalating costs, acknowledging the role of Medicaid, and maximizing all federal dollars.
- In order for our recommendations to be useful, it is critical to understand the political and economic environment in which we develop them.
- Janet Olszewski, Director of the Michigan Dept. of Community Health has a legitimate interest in our work, but our responsibility is to make realistic and viable recommendations she can use.
- Our "overarching goals" document must be cut in half and reflect the short-, mid-

		and long-term goals, as well as the Advisory Council's and Department's view of a win.
Communication Protocols		- 8/31/05 minutes approved - Keep visiting the SPG website at www.michigan.gov/spg for project information! - See handouts for definition of "insurance" and "coverage"
Small Group Discussion of Expansion Models	- Use the EMET to evaluate. Examine the models' potential fit in 1, 3, and 5 years, and determine if any models should be added or eliminated	<ul> <li>Three options under "tax credits and direct subsidies" category are eliminated from consideration as stand-alone plans. However, they may be considered as possible financing mechanisms for any of our expansion models.</li> <li>The "pooling" group evaluated the "subsidized buy-in for state employees" model.</li> <li>The "limited insurance" group analyzed the "basic" benefit coverage" model that will first be a pilot.</li> <li>The Medicaid expansion group evaluated extending the current Medicaid eligibility limits for families from 35% to 50% of FPL.</li> <li>The "universal coverage" group analyzed the "multipayer system" model.</li> </ul>

<sup>--</sup>Respectfully submitted by Lisa Rajt, Blue Cross Blue Shield of Michigan